

235609

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Lantana Group LLC  
dba lowcountry loop Trolley

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2012 - 120 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Demek WilliamsTelephone: 843-290-3363Address: 1514 Mathis Ferry Rd

Fax: \_\_\_\_\_

\*11

Other: \_\_\_\_\_

Mt Pleasant SC 29464

Email: info@lowcountrylooptrolley.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☒ Application - Class A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
MAR 21 2012  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

235609

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER

Date: 3/20/12

Select Class: (Check one)

- ☒ A  
☐ A - RESTRICTED

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lantana Group LLC dba Lowcountry Loop Trolley  
1514 Mathis Ferry Rd #11 Mt Pleasant SC 29464  
 Street Address of Applicant

SAME  
 Mailing Address of Applicant (if different from street address)

843-290-3363 Phone Fax

info @ lowcountrylooptrrolley.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Terry Williams 498 Albemarle Rd, Charleston SC 29407  
Derrick Williams 498 Albemarle Rd, Charleston, SC 29407

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month March Year 2012

#### Assets:

Cash	12,800.-
Receivables	3,600.-
Real Estate	N/A
Buildings and Equipment (Net)	N/A
Motor Vehicles (Net)	178,000.-
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	1250.-
Supplies on Hand	1820.-
Prepays and Other Assets	N/A
<b>Total Assets *</b>	<b>197,470</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	2,650.-
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	N/A
Other Liabilities	<del>5450</del> 2800
<b>Total Liabilities</b>	<del>2050</del> 5450
Capital Stock	-
Retained Earnings	-
<b>Total Equity</b>	<b>192,020</b>
<b>Total Liabilities and Equity *</b>	<b>202,920</b>

\* Total Assets = Total Liabilities and Equity

# PROPOSED ROUTE AND MILEAGE

Operating between Mt Pleasant and Charleston

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *
Mt Pleasant, SC	Charleston	Hwy 17			8 miles Meeting St.
Charleston	Sullivan's Isl.	Coleman Blvd			9 miles
Sullivan's Isl.	Isle of Palms				4 miles
Isle of Palms	Mt Pleasant	Isle of Palms Connector			4 miles

SEE ATTACHED

\* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

## Lowcountry Loop Trolley Route

1. Depart from: Lowcountry Loop Trolley Office  
1514 Mathis Ferry Road, Suite 11, Mt. Pleasant, SC
2. To: Courtyard Marriott, Mt. Pleasant, SC  
1251 Woodland Ave. Mt. Pleasant, SC
3. To: Holiday Inn Express, Mt. Pleasant SC  
30 Johnnie Dodds Blvd., Mt. Pleasant, SC
4. To: Rodeway Inn  
310 Johnnie Dodds Blvd., Mt. Pleasant, SC
5. To: Mt. Pleasant Visitor's Center  
Harry Hallman Jr. Blvd., Mt. Pleasant, SC
6. To: Charleston Visitor's Center  
375 Meeting Street, Charleston, SC
7. To: Days Inn Patriots Point  
261 Johnny Dodds Blvd., Mt. Pleasant, SC
8. To: Hampton Inn Patriots Point  
255 Sessions Way, Mt. Pleasant, SC
9. To: Best Western Patriots Point  
259 McGrath Darby Blvd., Mt. Pleasant, SC
10. To: Quality Inn and Suites Patriots Point  
196 Patriots Point Road, Mt. Pleasant, SC
11. To: Patriots Point Naval and Maritime Museum  
40 Patriots Point Rd., Mt. Pleasant, SC

12. To: Shem Creek Park  
Shrimp Boat Lane, Mt. Pleasant, SC
13. To: Coconut Joe's Isle of Palms  
1120 Ocean Blvd., Isle of Palms, SC
14. To: Isle of Palms Marina  
50 41<sup>st</sup> Ave., Isle of Palms, SC
15. To: Homewood Suites  
1998 Riviera Drive., Mt. Pleasant, SC
16. To: Hampton Inn Town Center  
1104 Isle of Palms Connector, Mt. Pleasant, SC
17. To: Mt. Pleasant Town Center  
1600 Palmetto Grande Drive, Mt. Pleasant, SC
18. To: Lowcountry Loop Trolley Office  
1514 Mathis Ferry Road, Suite 11, Mt. Pleasant, SC

# 2012 SCHEDULE

## WELCOME ABOARD

# LOWCOUNTRY LOOP TROLLEY

STOPS	1	2	3	4	5	6	7	8
1. Courtyard Marriott	9:00am	10:00am	11:15am	12:15pm	1:30pm	2:30pm	3:40pm	4:45pm
2. Holiday Inn Express	9:10am	10:10am	11:25am	12:25pm	1:40pm	2:40pm	3:50pm	4:55pm
3. Rodeway Inn	9:15am	10:15am	11:30am	12:30pm	1:45pm	2:45pm	3:55pm	5:00pm
4. Mt. Pleasant Visitor's Center	9:20am	10:20am	11:35am	12:35pm	1:50pm	2:55pm	4:00pm	5:05pm
5. Charleston Visitor's Center	9:35am	10:35am	11:50am	12:50pm	2:05pm	3:05pm	4:05pm	5:15pm
6. Days Inn Patriots Point	9:50am	10:50am	12:05pm	1:05pm	2:15pm	3:20pm	4:15pm	5:20pm
7. Hampton Inn Patriots Point	9:55am	10:55am	12:10pm	1:10pm	2:20pm	3:25pm	4:20pm	5:25pm
8. Best Western Patriots Point	10:00am	11:00am	12:15pm	1:15pm	2:25pm	3:30pm	4:25pm	5:30pm
9. Quality Inn Patriots Point	10:05am	11:05am	12:20pm	1:20pm	2:30pm	3:35pm	4:30pm	5:35pm
10. Patriots Point Museum	10:10am	11:10am	12:25pm	1:25pm	2:35pm	3:40pm	4:35pm	5:40pm
11. Shem Creek Park	10:20am	11:20am	12:35pm	1:35pm	2:45pm	3:50pm	4:45pm	5:50pm
12. Coconut Joe's Isle of Palms	10:40am	11:40am	12:55pm	1:55pm	3:05pm	4:10pm	5:05pm	6:10pm
13. Isle of Palms Marina	10:45am	11:45am	1:00pm	2:00pm	3:10pm	4:15pm	5:55pm	6:15pm
14. Homewood Suites	11:00am	12:00pm	1:15pm	2:15pm	3:25pm	4:30pm	6:05pm	6:30pm
15. Hampton Inn Town Center	11:05am	12:05pm	1:20pm	2:20pm	3:30pm	4:35pm	6:10pm	6:35pm
16. Mt. Pleasant Town Center	11:10am	12:10pm	1:25pm	2:25pm	3:35pm	4:40pm	6:15pm	6:40pm

Book Your Tickets On-Line and Save

[www.lowcountry/looptrolley.com](http://www.lowcountry/looptrolley.com)

\*Schedule and stops are subject to change at operator's sole discretion without advance notice.

Passengers can board at any time. Purchase tickets on-line and print the ticket for boarding. Ask hotel concierge and front desk personnel for details. Check schedule with the trolley driver before exiting Trolley to be sure you don't miss the last pick-up to get back to your starting point.



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Lowcountry Loop Trolley  
Name of Applicant

1514 Mathews Ferry Rd #11 Mt Pleasant SC 29464  
Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 9158.54 Limits 25,000 / 300,000 / 25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000  
8-15 Passengers\* \$ 25,000/100,000/25,000  
16 or More Passengers\* \$ 25,000/300,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

National Indemnity Company  
Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/11/12  
Date

Johnson & Johnson PO Box 20370 Charleston SC 29404  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

NICO-Rate for South Carolina

Columbia Insurance Company

## Account Summary For Lowcountry Loop Trolley LLC



Quote #: 1072156

Status: Pending

Originally Quoted 11/04/2011 3:53 PM EDT  
 Quote Printed 11/10/2011 8:07 AM EST  
 Proposed Effective 11/04/2011 12:00 AM EDT  
 Proposed Expiration 11/04/2012 12:00 AM EDT

Quoted By: Leigh Barrow  
 Johnson & Johnson, Inc.  
 200 Wingo Way  
 Mt. Pleasant, SC 29464

lab@jjins.com  
 Producer: JOHNSON & JOHNSON INC  
 PO BOX 889  
 CHARLESTON, SC 29402

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	6,282
7	UM - BIPD	100,000 CSL	288
7	UIM - BIPD	100,000 CSL	288
7	Medical Payments	5,000	448
7	Physical Damage	See Specific Unit	1,578
	Total Ins Value	70,000	

Total \$8,884.00

Revision: 71SC2011R03

## Vehicle Information

NICO-Rate Version: 8.3.10.51

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	A/Lessor	Unit Sub Total
1 2008 WARD Comp/Coll: \$35,000 Radius: Up to 50 Miles	3,141 Deductible:	144 1,000/1,000	144	224	789	N/A	N/A	4,442
2 2008 WARD Comp/Coll: \$35,000 Radius: Up to 50 Miles	3,141 Deductible:	144 1,000/1,000	144	224	789	N/A	N/A	4,442

**NI** National  
 Indemnity  
 Company  
 — Since 1940 —

JOHNSON & JOHNSON  
PREFERRED FINANCING, INC.  
P.O. BOX 20370  
CHARLESTON, SC 29413-0370  
FAX (843) 724-7085

CONTRACT ID: 359716-SC  
**INSURANCE PREMIUM FINANCE AGREEMENT**  
(THIS IS NOT AN INSURANCE POLICY)  
Number of Policies: 1  
Payee: Agency

SC LICENSE NO. 111702  
MT. PLEASANT, SC 29464  
200 WINGO WAY, STE. 200  
(843) 724-7078 (800) 868-5573

<b>INSURED</b>		<b>LOWCOUNTRY LOOP TRILLEY LLC</b> 1514 MATHIS FERRY MOUNT PLEASANT, SC 29464	
<b>AGENT:</b>		<b>800809 - CAROLINA INSURANCE SERVICES OF THE LOWCOUNTRY LL</b> PO BOX 1870 RIDGELAND, SC 29936	
* Includes a Non-refundable Setup Fee of \$20.00		a. TOTAL PREMIUM(CASH PRICE) \$8,889.00	
** Additional premium financing will incur a non-refundable \$20.00 Service Fee (SC Only)		b. LESS DOWN PAYMENT(+F&T) \$2,670.20	
*** Insured may be subject to a \$5.00 Administrative Fee		c. AMOUNT FINANCED \$6,218.80	
		d. FINANCE CHARGE ** \$289.54	
		e. TOTAL OF PAYMENTS (c+d) \$6,488.34	
		f. AMOUNT OF EACH PAYMENT \$720.92	
		g. TOTAL SALE PRICE (a+d+taxes+fees) \$9,158.54	
		Tax amount \$0.00	
		Fee amount \$5.00	
		h. ANNUAL PERCENTAGE RATE 10.29%	
		FIRST PAYMENT DUE 12/28/2011	
Policy # 1072156	Effective Date 11/28/2011	Term 12 Months	Code
Policy Type : C			
		Name of Insurance Carrier and MGA JOHNSON AND JOHNSON (J&J)	
		Total Premium \$8,889.00	

\*NOTE: PAST DUE INSTALLMENT PAYMENTS MUST ACCOMPANY THIS AGREEMENT, NON-PAYMENT RESULTS IN A CANCELLATION OF ABOVE POLICIES.

### PREMIUM SERVICE AGREEMENT

NOTICE TO INSURED: Do not sign this agreement before you read it. Under the law, you have the right to pay off in advance the full amount due and to obtain a refund of the service charge. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. YOU MUST GET A COPY OF THIS AGREEMENT. In consideration of the payment for the account of the undersigned insured by J&J Preferred Financing, Inc. (hereinafter referred to as JJPFF) of the amount financed on insurance premiums shown above, the undersigned promises to pay to the order of JJPFF at the address shown above, the total of payments shown on line "e", in the number of installments indicated on each installment to be in the amount shown on line "f", the first installment to become due and payable on the date shown with the remaining installments becoming due and payable on the same day of each succeeding month thereafter, subject to the following provisions.

NOTICE TO INSURED: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

### THE UNDERSIGNED INSURED

JJPFF as security for the total amount payable hereunder any and all unearned premiums, returns, which may become payable under the insurance policy(ies) the premiums for which are financed hereunder. Agrees not to assign any of the policy(ies) covered hereby except for the interest of mortgagee and loss payees, without the written consent of JJPFF and that all rights conferred upon JJPFF shall inure to JJPFF's successors and assigns. Agrees in the event of default in payment of any installment due hereunder, and after a ten day notice is mailed to the insured, the unpaid balance hereunder shall be immediately due and payable and JJPFF may request cancellation of all of the policy(ies) covered hereby. It is further agreed that in the event the total premium(s) is greater than that shown on line A above, the undersigned will either pay the difference in premium due or pay any required additional down payment and any additional finance charge permitted by law. In such event JJPFF will forward the undersigned a revision notice showing all information required by law. Agrees that JJPFF is authorized to correct or remedy any error in the completion of this agreement, including the correction of the name of any insurance company(ies) or policy number(s) and that the insured will be notified at the address shown on this agreement of any such changes in the agreement within 10 days of date of such changes. Agrees payment must be received in JJPFF's offices prior to effective cancellation date to avoid cancellation, and if received after cancellation date payment will only be accepted for credit to the insured's account and without obligation to have any cancellation request withheld or rescinded. Insured may be subject to a \$10.00 cancellation fee (SC only), a Personal Lines cancellation fee of \$5.00 (GA only) or a Commercial Lines cancellation fee of \$15.00 (GA only). Agrees that all unearned or return premiums disbursed by an insurance company (or guarantee fund in the event of company insolvency) with respect to the policy(ies) covered hereby shall be payable to JJPFF and credited to the balance due hereunder and if there is any excess of \$1.00 (NC only) or \$5.00 (SC or GA) more over the balance due it shall be paid to the insured. Agrees to remain liable for any unpaid or deficiency balance due hereunder. Agrees that the finance charge shown on line "d" will begin to accrue on the effective date of the policy(ies) shown. Agrees that the insurance agent or agency (including agent or agency employees or associates, etc.) named above, is not the agent of JJPFF and has no authority to bind JJPFF by representation or otherwise without JJPFF's written agreement. Agrees that JJPFF shall not be or become liable for any loss or damage to the insured(s) by reason of the failure of any insurer to issue or maintain in force any of said policy(ies) or by reason of the proper exercise by JJPFF of rights herein conferred. Does hereby empower JJPFF to sign my(our) name to any forms required to obtain refunds and/or any refund checks or drafts payable to me by reason of cancellation of policy(ies) described above for any reason, including, but not limited to, non-payment or company insolvency. Agrees, in addition to the amount shown in "e" above, to pay JJPFF a delinquency and collection charge with each installment payment, which is in default for a period of five (5) days or more. This charge is to be 5 percent of the installment with a minimum amount of \$1.00 (SC or NC) or \$1.50 (GA only), however, if the loan is primarily for personal family and household purposes the maximum delinquency charge may not exceed \$5.00 (SC only). Agrees to pay an attorney's fee not to exceed 20 percent of the amount due if this agreement is referred for collection to any attorney who is not a salaried employee of JJPFF. A \$30.00 service charge will be added to all returned checks.

### POWER OF ATTORNEY

For value received, I, the undersigned insured, hereby sell, assign, and transfer unto J&J Preferred Financing, Inc. (JJPFF) all of my right, title, and interest in and to any unearned premium on insurance policy(ies) shown above, and I do hereby irrevocably constitute and appoint JJPFF as my attorney in fact, in the event of default, to authorize and give notice of the cancellation of said insurance policy(ies) and to receive on behalf of JJPFF any unearned premium financed by this agreement. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

### PRODUCERS CERTIFICATION

The undersigned unconditionally represents that the insurance policy(ies) listed upon this agreement are in force, that the premiums therefore are correct, that the down payment shown above has been collected, and that the insured has received a copy of this agreement, and that no audit or reporting form policy(ies), subject to retrospective rating or to minimum earned premiums are included in this agreement except as indicated and that the deposit or provisional premiums for the indicated policy(ies) are not less than the anticipated premiums to be earned for the full term of the policy(ies), and that none of the policy(ies) contain provisions which prohibit cancellation by the insured or the company within 10 days except as indicated, nor except as indicated is the unearned premium on the scheduled policy(ies) to be computed by other than the standard short rate or pro rata table. Upon cancellation of the policy(ies) financed, the undersigned will remit to J&J PREFERRED FINANCING, INC. the full amount of unearned premium, including unearned commission, applicable to such cancelled policy(ies) upon receipt from the carrier. The undersigned certifies that to the best of his knowledge and belief the insured's signature(s) hereon are genuine, and that all of the policy(ies) listed hereon have been issued or signed by the undersigned, except as indicated (List General Agency(ies), if any). We are the authorized policy(ies) issuing agent of the insurance companies or the broker placing the coverage directly with the insurance company on all policy(ies) listed above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

**Exhibit Fit, Willing, and Able (FWA)**

Lantana Group LLC dba Lowcountry Loop Trolley  
 Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

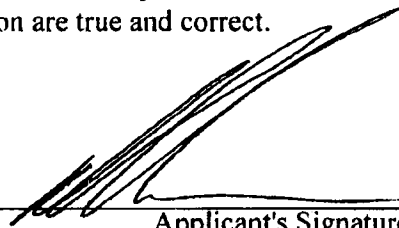
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

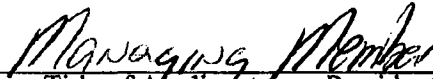
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 POST OFFICE DRAWER 11649  
 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



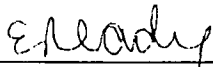
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Charleston )

SWORN TO BEFORE ME

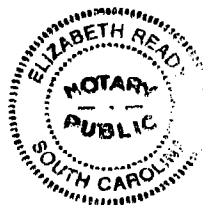
This 20th day of MARCH, 2012



Notary Public

Commission Expires

5-22-18



ELIZABETH READY  
 NOTARY PUBLIC  
 State of South Carolina  
 Commission Expires  
 May 22, 2018

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

02-15-2012

ation Number:

001510.168401.0005.001 1 MB 0.404 532



Form: SS-4

Number of this notice: CP 575 D

LANTANA GROUP LLC  
% TERRY WILLIAMS  
1514 MATHIS FERRY RD 11  
MT PLEASANT SC 29464

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

# WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN ~~22-1510168~~. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

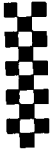
Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2013

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.



1514 Mathis Ferry  
Suite 11  
Mt. Pleasant, SC 29464  
843-64-5199  
843-225-2317  
www.lowcountrylooptrolley.com

## Lowcountry Loop Trolley

# Fax

<b>To:</b>	Public Service Commission	<b>From:</b>	Lowcountry Loop Trolley
<b>Fax:</b>	803-896-5199	<b>Pages:</b>	15
<b>Phone:</b>	803-896-5100	<b>Date:</b>	3/20/12
<b>Re:</b>	Class A Application	<b>cc:</b>	JS
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

.Thank you for all your assistance. It was a pleasure seeing you again,

Derrick and Terry Williams

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**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00**

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Lantana Group, LLC

**\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is  
520 Folly Road, Suite P-284

Charleston, SC	Street Address	29412
City		Zip Code

3. The initial agent for service of process is

Terry Williams

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is  
520 Folly Road, Suite P-284

Charleston, SC	Street Address	29412
City		Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Terry Williams

Name

520 Folly Road, Suite P-284

Street Address

Charleston

SC

29412

City

State

Zip Code

- (b) Derrick Williams

Name

520 Folly Rd, Suite P-284

Street Address

Charleston, SC

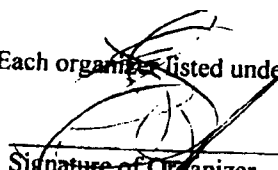
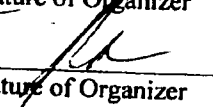
SC

29412

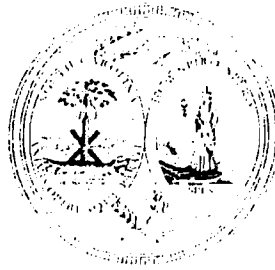
City

State

Zip Code

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (b) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.
-   
 Signature of Organizer \_\_\_\_\_ Date 3/15/2011
-   
 Signature of Organizer \_\_\_\_\_ Date 3/15/2011

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

LANTANA GROUP LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 13th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
1st day of February, 2012.

*Mark Hammond*  
Mark Hammond, Secretary of State